



PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
with Initial
Filing

OR

☒

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 06816.0505

First Named Inventor B. Lockyear

COMPLETE IF KNOWN

Application Number 10 / 642,885

Filing Date 08/18/03

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Apparatus For Solving Constraints

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

08/18/03

as United States Application Number or PCT International

Application Number

10/642,885

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Customer No. 000035795)

[Page 1 of 2] (App. No. 10/642,885)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (10-01)
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		000035795		OR <input type="checkbox"/>		Correspondence address below	
Name									
Address									
City				State		ZIP			
Country			Telephone				Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name Brian Eugene (first and middle [if any])					Family Name Lockyear or Surname				
Inventor's Signature <i>Brian E Lockyear</i>						Date 9/9/03			
Portland Residence: City			OR State		Country		U.S.A. Citizenship		
Mailing Address 3045 NW Thurman St									
Portland City			OR State		97210 ZIP		U.S.A. Country		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name James Herbert (first and middle [if any])					Family Name Kukula or Surname				
Inventor's Signature <i>James H Kukula</i>						Date 9/9/03			
Hillsboro Residence: City			OR State		Country		U.S.A. Citizenship		
Mailing Address 3027 NW Overlook Dr Apt 913									
Hillsboro City			OR State		97124 ZIP		U.S.A. Country		
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

(Attorney Docket No. 06816.0505)

[Page 2 of 2] (App. No. 10/642,885)

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert F.		Damiano	
Inventor's Signature <i>Robert F. Damiano</i>		Date <i>9/9/03</i>	
Lake Oswego	OR		U.S.A.
Residence: City	State	Country	Citizenship
Mailing Address 2650 Lookout Court			
Mailing Address			
City Lake Oswego	State OR	ZIP 97034	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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